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| <b>Case Number:</b>   | CM14-0119013 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 12/11/2013 |
| <b>Decision Date:</b> | 10/23/2014   | <b>UR Denial Date:</b>       | 07/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/29/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 38 year old female whose date of injury is 12/11/2013. The mechanism of injury is described as a fall. MRI of the lumbar spine dated 01/27/14 revealed degenerative changes in the lumbar spine, but no spinal canal stenosis, lateral recess stenosis, neural foraminal narrowing or nerve root impingement. Progress report dated 07/17/14 indicates that the injured worker is going to water therapy and it really helps. She states that even with therapy she is reaching a plateau. She was prescribed aquatic therapy in mid-March. Diagnoses are narcotic abuse, in remission; right arm pain; hip pain and back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Continued aquatic therapy 2 times a week for 3 weeks for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** Based on the clinical information provided, the request for continued aquatic therapy 2 times a week for 3 weeks for the low back is not recommended as medically necessary. The number of aquatic therapy visits completed to date is not documented. The

injured worker reports that she is reaching a plateau. There is no clear rationale provided as to why reduced weightbearing is desirable as required by CA MTUS guidelines to support aquatic therapy. There are no specific, time-limited treatment goals provided.

**Consultation with a pain management specialist (back):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

**Decision rationale:** Based on the clinical information provided, the request for consultation with a pain management specialist (back) is not recommended as medically necessary. There is no clear rationale provided to support the requested consultation at this time. It is unclear how the consultation will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work as required by ACOEM Guidelines.